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AD NUMBER: AD0874185

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AUTHORITY

OAG, D/A ltr dtd 29 APR 1980

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DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D.C. 20310

130-12-3
INDEXED

IN REPLY REFER TO

AGAM-P (M) (24 Apr 67) FOR OT 670084

26 April 1967

SUBJECT: Operational Report - Lessons Learned, HQ, 18th Surgical Hospital
for the Period ending 31 January 1967

TO: SEE DISTRIBUTION

1. Forwarded as inclosure is Operational Report - Lessons Learned, Headquarters, 18th Surgical Hospital (MA) for the period ending 31 January 1967. Information contained in this report should be evaluated by CDC in accordance with paragraph 6f of AR 1-19 and by CONARC in accordance with paragraph 6c and d of AR 1-19. Evaluations and corrective actions should be reported to ACSFOR OT within 90 days of receipt of covering letter.

2. Information contained in this report is provided to the Commandants of the Service Schools to insure appropriate benefits in the future from lessons learned during current operations, and may be adapted for use in developing training material.

BY ORDER OF THE SECRETARY OF THE ARMY:

Kenneth G. Wickham

1 Incl
as

KENNETH G. WICKHAM
Major General, USA
The Adjutant General

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(Continued on page 2)

UNCLASSIFIED REPORT

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(ARMY) ATTN: FOR OT UT, WASHINGTON, D.C. 20310

This document is submitted to special interest groups and each transmittal to for the purpose of... may be made only with proper approval.

D D C
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SEP 14 1970

DEPARTMENT OF THE ARMY
HEADQUARTERS, 18TH SURGICAL HOSPITAL (MA)
APO 96318, US Forces

AVCA-MB-GB-SB-A

7 February 1967

SUBJECT: Operational Report Lessons Learned for Quarterly Period
Ending 31 January 1967 (RCS CSFOR -65)

THRU: Commanding Officer
55th Medical Group
ATTN: AVCA-MB-GB-B
APO 96238

Commanding Officer
44th Medical Brigade
ATTN: Historian
APO 96307

Commanding General
1st Logistical Command
ATTN: AVCA-GO-H
APO 96307

Commanding General
United States Army, Vietnam
ATTN: Surgeon
APO 96307

Commander-In-Chief
United States Army, Pacific
ATTN: GPOP-MH
APO 96558

TO: Assistant Chief of Staff for Forces Development
Department of The Army
Washington, D. C. 20310

FOR DT UT
670084

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1967 (RCS CSFOR 65)

SECTION I

SIGNIFICANT ORGANIZATIONAL ACTIVITIES

The mission of the 18th Surgical Hospital (MA) is to provide resuscitative surgery and medical treatment to critically injured or ill United States and other Free World Military Assistance Force (FWMAF) personnel in II Corps Tactical Zone, North (CTZII-N) prior to evacuation. Indicative of the fulfillment of this mission is the number of patients admitted during the period- 2,923.

On 6 December 1966 the 1st Medical Company (ambulance) arrived and relieved the 51st Medical Company (ambulance) of the responsibility of providing ambulance support to the 18th Surgical Hospital.

Air evacuation between Pleiku and supporting medical facilities was enhanced by the initiation of mission 660, a regularly scheduled aero medical evacuation flight. Since this flight originates in Tan Son Nhut each Tuesday, Thursday and Saturday it is now possible to program routine patient evacuation.

On 1 December 1966, this unit received its Annual General Inspection. A rating of satisfactory was achieved. The Command Maintenance Management Inspection was conducted on 5 December 1966. A satisfactory rating was received.

An addition to the hospital complex was made with self-help construction of a separate quonset for CUS. With this came alterations to the interior of two existing quonsets. R&E was expanded to cope with the heavy load of patient care and the east room received additional space. Pharmacy and Laboratory facilities were moved into half of a quonset, thus allowing them more space to fulfill their mission.

Other constructional achievements accomplished include a combination mail-forms room, a facility to house the water purification system which is being installed to furnish the hospital with potable water, fortifications for patient protection surrounding the main hospital complex and sidewalk construction throughout the compound.

✓ One major construction project remains at a standstill. This is the surfacing of the entire road network within the compound. Unless this can be accomplished, it appears that we will be faced with the same evacuation problems we struggled with last year. Often times, ambulances evacuating patients could not negotiate the accumulated mud hazard.

On 29 January 1967, the personnel specialist authorized by the TOE augmentation was relocated with the consolidated personnel section established by 55th Medical Group Units in the Pleiku area.

In view of the patient load handled by this hospital and the insufficient number of personnel assigned to its A&D section by TO&E, two additional A&D clerks were attached to augment this section. Although they were untrained, they lend to the 24 hour coverage of this section.

7 February 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1966 (RCS CSFOR -65)

SECTION II - COMMANDER'S OBSERVATION AND RECOMMENDATIONS

Part 1: Observations (Lessons Learned)

X-RAY

Item: Reason for failure of X-Ray machine.

Discussion: This unit experienced a baffling sequence of events in the X-Ray section which is felt to be worthy of mention. Our primary X-Ray exposure room was operating with a 50 KW machine with rectifier current to support the machine was delivered directly from the generator shed on separate lines. The generator itself was a 100 KW generator operated by R&U personnel and other lines from this generator supported many additional secondary circuits. This situation had pertained for more than a month and had produced satisfactory X-Rays. However, during an unusually busy period, when the radiology workload increased the quality of the films became quite unsatisfactory and the following is a relation of the facts that succeeded as pieced together after the problem was solved.

The personnel of the X-Ray department checked control panels and circuits within the X-Ray clinic and all appeared to be in order. Next they called for help from the medical equipment repairman and all factors were rechecked and again appeared proper. Since the films continued to be unsatisfactory in definition, the technicians increased the voltage to the tube in an attempt to improve the films. During the course of that single day, with multiple modifications in technique, both the rectifier and tube head were rendered inoperative (burned-out). The following day after investigation of the problem by maintenance personnel of the 32nd Medical Depot, Nha Trang and the electrical engineer from the contracting firm that installed the primary distribution system (RMK), it was again borne out that the voltage and amperage being delivered to the control panel were indeed exactly that required and the cause of the failure had been the fact that the generator operators had carelessly allowed the generator to deliver current which was not of 60 cycles. In order to prove the theory, the generator was placed on 56 cycles and chest X-Rays taken on volunteers. These films appeared to be of exactly the same quality as the unsatisfactory films of the previous day and immediately, thereafter, a film was taken after the generator was set on 60 cycles and with the control panel set at exactly the same exposure technique. This film was satisfactory in every way.

Observation: This costly experience brought forth the procedure of our immediately checking the generators themselves rather than modifying established techniques when films were of unsatisfactory quality.

✓ WORKLOAD IN OBTAINING SUPPLIES

Item: Inordinate workload in obtaining supplies from our resupply point.

Discussion: This hospital is located approximately five hours by road from the advanced platoon, 32nd Medical Depot, Qui Nhon. Due to the length of this trip by vehicle, all casualty evacuation is carried out by air. Since we have no ambulances returning in which to haul supplies and delivery is not provided by the depot, we must transport all supplies ourselves. This supply run is made

AFMA-MB-GB-SB-A

7 February 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1967 (RCS CSFOR 65)

4

in 2½ ton vehicles over a five hour road run, through insecure territory so that travel is restricted to convoy only. This frequently results in the three day absence of two corpsmen (secondary duty driver) from the primary patient care responsibilities for a single supply run to depot. Ordinarily we require an average of two such trips weekly using at least two vehicles.

Observation: (See below under logistics)

Part III Recommendations

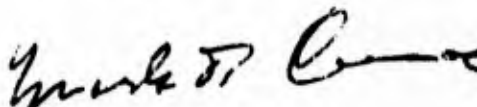
Personnel: None

Operations: None

Training and Organization: None

Intelligence: None

Logistics: Medical units located more than two hours by vehicle from their supporting depot be provided delivery of supplies and equipment or be assigned additional personnel (3 PM - wheel - vehicle operator).



MARK T CENAC
ITC, MC
Commanding

Copies Furnished:

- 1 - Commander-In-Chief, USARPAC
Attn: GPOF-MH, LPO 96558 (Direct)
- 3 - Commanding General, USARV
Attn: AVC-DH, LPO 96307 (Direct)
- 1 - Commanding General, USASUPCOM, Qui Nhon
Attn: Historian, LPO 96238 (Direct)
- 1 - Commanding Officer, Pleiku-Sub Area Support Command
Attn: Historian, LPO 96318 (Direct)

5
AVCA-MB-GB-C (7 February 1967) 1st Ind
SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1967 (RCS CSFOR-65)

Headquarters, 55th Medical Group, APO 96238, 9 February 1967

THRU: Commanding Officer, 44th Medical Brigade, ATTN: Historian,
APO 96307

Commanding General, 1st Logistical Command, ATTN: AVLIC-GO-H,
APO 96307

Commanding General, United States Army, Vietnam, ATTN: Surgeon,
APO 96307

Commander-in-Chief, United States Army, Pacific, ATTN: GPOP-MH,
APO 96558

TO: Assistant Chief of Staff for Force Development,
Department of the Army, Washington, D. C. 20310

1. This headquarters concurs in the observations and recommendations contained in the basic report submitted by the Commanding Officer, 18th Surgical Hospital. A request for surfacing of the road complex at this hospital has been submitted to 1st Logistical Command for consideration.

2. The following units were attached to the 18th Surgical Hospital at the close of the report period:

- a. 240th Medical Detachment (Team KF)(Thoracic).
- b. 501st Medical Detachment (Team MA)(Dispensary).

TEL: QN 679

Robert M Hall
ROBERT M HALL
Lieutenant Colonel, MC
Commanding

6

AVCA-1B-PO (7 Feb 67) 2nd Ind
SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending
31 January 1967 (RCS CSFOR-65)

HEADQUARTERS, 44th Medical Brigade, APO 96307 19 February 1967

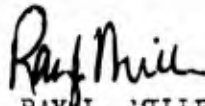
TO: Commanding General, 1st Logistical Command, ATTN: AVCA-GO-O, APO 96307

1. Reference to Section I, item concerning road surfacing, concur with comment in paragraph 1 of previous indorsement. A letter, dated 16 Feb 67 was sent from this headquarters to the Commanding General, 1st Logistical Command requesting that the priority be raised for the road surfacing project at the 18th Surgical Hospital.

2. Reference to Section II, Part I, item concerning the inordinate workload in obtaining medical supplies. This is not considered beyond the capability of the 18th Surgical Hospital and is the procedure for all medical units in-country. Recommend unit continue to pick up supplies, as delivery is beyond the capability of the 32nd Medical Depot. Also, this headquarters knows of no other source in country to assume the responsibility for picking up and delivering medical supplies.

Lynx 382

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nc


RAY L. MILLER
Colonel, IC
Commanding

7
AVCA GO-O (7 Feb 67)

3d Ind

SUBJECT: Operational Report for Quarterly Period Ending 31 January 1967 (RCS CSFOR-65)

HEADQUARTERS, 1ST LOGISTICAL COMMAND, APO 96307 25 FEB 1967

TO: Deputy Commanding General, United States Army Vietnam, ATTN: AVHGC-DH, APO 96307

1. The Operational Report - Le sons Learned submitted by the 18th Surgical Hospital for the quarterly period ending 31 January 1967 is forwarded herewith.

2. Reference paragraph 7, Section I, page 2: The surfacing of the road net at the 18th Surgical Hospital has been directed for construction. This headquarters, has requested the Engineer Command to surface the road or authorize the contractor in the area to accomplish the necessary surfacing. The matter is receiving command attention.

3. The 18th Surgical Hospital engaged in combat support operations for 92 days during the reporting period.

4. Concur with the basic report as modified by the comments contained in the preceding indorsements. The report is considered adequate.

FOR THE COMMANDER:

[Signature]
CHIN A. DOYLE
Capt, AGC
Asst. AG

TEL: Lynx 430/782

1 Incl
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9
AVHGC-DH (7 Feb 67)

4th Ind

SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 January 1967 (RCS CSFOR-65)

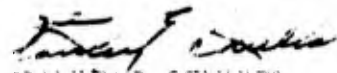
HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 96307 **11 MAR 1967**

TO: Commander in Chief, United States Army, Pacific, ATTN: GPOP-OT
APO 96558

1. This headquarters has reviewed the Operational Report-Lessons Learned for the period ending 31 January 1967 from Headquarters, 18th Surgical Hospital (MA) as indorsed.

2. Pertinent comments are as follows: Part I, Section II, Item: Workload in obtaining supplies, Pages 3 and 4; Part II Section II, Logistics, Page 4; and Paragraph 2, 2d Indorsement. In the event of an emergency or an O2 priority requisition the 32d Medical Depot utilizes aircraft to deliver medical supplies to the 18th Surgical Hospital. As a result of utilizing the normal resupply procedures there has been no occasion where the mission capability of the 18th Surgical Hospital has been impaired.

FOR THE COMMANDER:


STANLEY E. SCHULTS
Major, AGC
Asst Adjutant General

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nc

11
GPOP-OT(7 Feb 67)

5th Ind

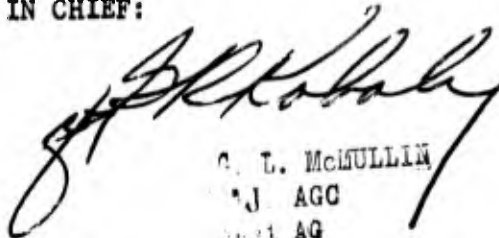
SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 January 1967 (RCS CSFOR-65), HQ 18th Surg Hosp (MA)

HQ, US ARMY, PACIFIC, APO San Francisco 96558 24 MAR 1967

TO: Assistant Chief of Staff for Force Development, Department of the
Army, Washington, D. C. 20310

This headquarters concurs in the basic report as indorsed.

FOR THE COMMANDER IN CHIEF:


G. L. McMULLIN
J AGC
AG

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Security Classification

DOCUMENT CONTROL DATA - R & D

(Security classification of title, body of abstract and indexing annotation must be entered when the overall report is classified)

1. ORIGINATING ACTIVITY (Corporate author)

HQ DA, OACSFOR, Washington, D.C. 20310

2a. REPORT SECURITY CLASSIFICATION

UNCLASSIFIED

2b. GROUP

3. REPORT TITLE

Operational Report - Lessons Learned, HQ, 18th Surgical Hospital

4. DESCRIPTIVE NOTES (Type of report and inclusive dates)

Experiences of unit engaged in counterinsurgency operations 1 Nov 66 to 31 Jan 67.

5. AUTHOR(S) (First name, middle initial, last name)

CO, 18th Surgical Hospital

6. REPORT DATE

7 February 1967

7a. TOTAL NO. OF PAGES

12

7b. NO. OF REFS

8a. CONTRACT OR GRANT NO.

b. PROJECT NO.

N/A

c.

d.

9a. ORIGINATOR'S REPORT NUMBER(S)

670084

9b. OTHER REPORT NO(S) (Any other numbers that may be assigned this report)

10. DISTRIBUTION STATEMENT

11. SUPPLEMENTARY NOTES

N/A

12. SPONSORING MILITARY ACTIVITY

DA, OACSFOR, Washington, D.C. 20310

13. ABSTRACT